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## **Claims Examiner Authorization**

CLAIM#:

040519008736

INSURED:

Biotelemetry, Inc.

DOI:

02/15/2019

CARRIER/TPA:

Chubb & Son (WC) - Los Angeles, CA /

CLAIMANT:

Jonathan Shockley

**ADJUSTER:** 

Mario Castro

CORVEL#:

139249073-UMO-2

**Determination Date:** 

04/22/2019

RFA Received Date:

04/17/2019

Provider:

Patrick O Lang, MD (415) 751-4263

Pre-Cert #:

139249073-UMO-2

Briotix

Phone:

1-844-274-6849

Fax:

805-316-4121

Network:

Email: <u>ergosupport-westcoast@briotix.com</u>

# The below request is **AUTHORIZED**. The decision was made on 4/22/19 and is summarized below:

TESTING	FESTING											
Determination	Type of Test	Type of Contrast	Body Part	Effective Date	Termination Date	CPT	Facility	Provider				
Requested	Ergonomic Evaluation at Workplace	N/A	Left - Hand, Right - Hand	4/22/19	10/22/19							
Certified	Ergonomic Evaluation at Workplace	N/A	Left - Hand, Right - Hand	4/22/19	10/22/19							

Claims Examiner: Mario Castro Contact Information: (213) 612-0880

Hours of operation: 8:30 am to 5:30 pm, M-F

### \*\*NOTE\*\*

Please attach a copy of this recommendation letter with your bill; otherwise, payment may be delayed.

Utilization review does not include determinations of employer liability of the work injury, or of bill review for the purpose of determining whether the medical services were accurately billed.

**CorVel Corporation** | PO Box 3529 | Costa Mesa, CA 92628 | p 714.385.8500 | f 866.910.4423



#### **ELECTRONIC PROOF OF SERVICE**

I am a citizen of the United States and a resident of the County of Washington; I am employed by CorVel Corporation, am over the age of eighteen years and not a party to the within entitled action; my business address is 111 SW 5<sup>th</sup> Avenue, Suite 200, Portland, Oregon, 97204.

I am readily familiar with CorVel's practice for electronic service of correspondence that is maintained on CorVel's electronic database.

On April 22, 2019, the within letter(s) were served on the parties in said action, by sending a true copy thereof **electronically** (facsimile) on the following parties:

ergosupport-westcoast@briotix.com

Erika.Perez@Chubb.com Email: Erika.Perez@Chubb.com

Skride a. Sint

Email: ergosupport-westcoast@briotix.com

Patrick O Lang, MD Fax: (415) 359-1925

Michele Church Email: mchurch@chubb.com

Executed on April 22, 2019, at Portland, Multnomah County, Oregon, 97204.

I, Linda Grant, declare under penalty of perjury, under the laws of the **STATE OF OREGON**, that the foregoing is true and correct.

Signature

File: 139249073 Shockley



### PROOF OF SERVICE BY MAIL

I am a citizen of the United States and a resident of the County of Clark; I am employed by CorVel Corporation, am over the age of eighteen years and not a party to the within entitled action. My business address is 4120 SE International Way, Suite A108, Milwaukie, OR 97222. I am readily familiar with CorVel's practice for collection and processing of correspondence maintained on CorVel's electronic database for mailing with the U. S. Postal Service. Under such practice, correspondence that is printed for mail service would be put in a sealed envelope with postage theron fully prepaid and placed for collection and mailing on the same date by depositing such with the U.S. postal service in the ordinary course of business.

On April 22, 2019, the within letter(s) were served on the parties in said action, by placing a true copy thereof enclosed in a sealed envelope, with postage thereon fully prepaid addressed as follows:

Farber & Co 333 Hegenberger Road #504

Oakland CA 94621 Jonathan Shockley 1000 Sutter St. San Francisco CA 94109

Patrick O Lang, MD 601 Van Ness Ave., #2018 San Francisco CA 94102

Executed on April 22, 2019 at Milwaukie, OR 97222.



I, Becca Guimont, declare under penalty of perjury, under the laws of the STATE OF OREGON, that the foregoing is true and correct.

Bignature

File: 040519008736, Shockley Jonathan